

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American College of Physician Services Inc PAC; aka ACP Services PAC

ADDRESS (number and street) ▼

25 Massachusetts Ave

Suite 700

☐ Check if different than previously reported. (ACC)

Washington

DC

20001-7401 -

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00403881

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
02 01 2014

through

M M M / D D D / Y Y Y Y Y Y  
02 28 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr Richard L Trachtman Esq

Signature of Treasurer

Mr Richard L Trachtman Esq

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
03 19 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Physician Services Inc PAC; aka ACP Services PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
02 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y  
02 / 28 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2014</span>		<span style="border: 1px solid black; padding: 2px;">37020.24</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">65806.24</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">26468.11</span>	<span style="border: 1px solid black; padding: 2px;">59042.11</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">92274.35</span>	<span style="border: 1px solid black; padding: 2px;">96062.35</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">3490.47</span>	<span style="border: 1px solid black; padding: 2px;">7278.47</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">88783.88</span>	<span style="border: 1px solid black; padding: 2px;">88783.88</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Physician Services Inc PAC; aka ACP Services PAC

Report Covering the Period:

From:

02

01

2014

To:

02

28

2014

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

20275.00

48219.00

(ii) Unitemized .....

6193.11

10823.11

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

26468.11

59042.11

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

26468.11

59042.11

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

26468.11

59042.11

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

26468.11

59042.11

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	990.47	1278.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	990.47	1278.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	6000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3490.47	7278.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3490.47	7278.47

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	26468.11	59042.11
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	26468.11	59042.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	990.47	1278.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	990.47	1278.47

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 21  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

**A. Laura Lee Allendorf**

Mailing Address 9009 Avis Ct

City State Zip Code  
Vienna VA 22182-2162

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

PAC Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2014

Transaction ID : C2646667

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mark K Belknap MD FACP**

Mailing Address 922 2nd Ave W

City State Zip Code  
Ashland WI 54806-3130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Essentia Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 25 / 2014

Transaction ID : C2650423

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Julie Ann Blehm MD FACP**

Mailing Address 1962 E Rose Creek Pkwy S

City State Zip Code  
Fargo ND 58104-6837

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sanford Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 16 / 2014

Transaction ID : C2647364

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

**A. Terence M Brady MD FACP**

Mailing Address 29 Commonwealth Blvd

City

Bellerose Village

State

NY

Zip Code

11001-4145

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coney Island Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2014

Transaction ID : C2658561

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. David Earl Bybee MD MACP**

Mailing Address 103 Indian Hills Trl

City

Louisville

State

KY

Zip Code

40207-1509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 25 / 2014

Transaction ID : C2650391

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Chester Choi MD MACP**

Mailing Address 17 Sunriver

City

Irvine

State

CA

Zip Code

92614-5402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Mary Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 13 / 2014

Transaction ID : C2646597

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

## **A. Lynn M Cleary MD FACP**

Mailing Address 10 W Lake St

City

Skaneateles

State

NY

Zip Code

13152-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Upstate Medical University

Occupation

MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
02 / 28 / 2014

Transaction ID : C2658560

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Molly Cooke MD FACP**

Mailing Address 112 Upper Ter

City

San Francisco

State

CA

Zip Code

94117-4514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UCSF

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY  
02 / 03 / 2014

Transaction ID : C2639573

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

## **C. Eugene Charles Corbett Jr, MD MAC**

Mailing Address 15983 James Madison Hwy

City

Palmyra

State

VA

Zip Code

22963-4129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Virginia

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
02 / 25 / 2014

Transaction ID : C2650417

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2400.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 21  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

**A. Richard A Dart MD FACP**

Mailing Address 9050 Ader Rd

City

Marshfield

State

WI

Zip Code

54449-9652

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Marshfield Clinic/Marshfield Clinic Re

Occupation

Emeritus Research Clinician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	1	4

Transaction ID : C2649251

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Andrew S Dunn MD FACP**

Mailing Address 14 Golf Course Dr

City

Montebello

State

NY

Zip Code

10901-3949

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mount Sinai Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	1	4

Transaction ID : C2645908

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Jack Ende MD MACP**

Mailing Address 1525 Pine St

City

Philadelphia

State

PA

Zip Code

19102-4623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Pennsylvania Helath Syst

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	1	4

Transaction ID : C2639589

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2250.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

## **A. Jacqueline Winfield Fincher MD MACP**

Mailing Address PO Box 1898

City Thomson State GA Zip Code 30824-5898

FEC ID number of contributing federal political committee.

C

Name of Employer  
McDuffie Medical Associates

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 11 / 2014

Transaction ID : C2645897

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Maureen D Francis MD FACP**

Mailing Address 4875 Vinton Rd

City Anthony State NM Zip Code 88021-8532

FEC ID number of contributing federal political committee.

C

Name of Employer  
Texas Tech Univ

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

02 / 25 / 2014

Transaction ID : C2650393

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

## **C. Alice L Fuisz MD FACP**

Mailing Address 3201 Cathedral Ave NW

City Washington State DC Zip Code 20008-3410

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-employed

Occupation  
General Internist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 03 / 2014

Transaction ID : C2622179

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1775.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American College of Physician Services Inc PAC; aka ACP Services PAC**

Full Name (Last, First, Middle Initial)

**A. Robert A Gluckman MD FACP**

Mailing Address 4502 Lamont Way

City

Lake Oswego

State

OR

Zip Code

97035-5422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Providence Health Plans

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 18 / 2014

**Transaction ID : C2647740**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. William E Golden MD MACP**

Mailing Address 57 River Ridge Rd

City

Little Rock

State

AR

Zip Code

72227-1525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UAMS

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 09 / 2014

**Transaction ID : C2645515**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. John David Goodson MD FACP**

Mailing Address 32 Fayette St

City

Cambridge

State

MA

Zip Code

02139-1112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Massachusetts General Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 11 / 2014

**Transaction ID : C2645896**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

**A. Jeffrey Peden Harris MD MACP**

Mailing Address PO Box 24

City

Millwood

State

VA

Zip Code

22646-0024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 11 / 2014

Transaction ID : C2645903

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Richard P Holm MD FACP**

Mailing Address 724 5th St

City

Brookings

State

SD

Zip Code

57006-2101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Avera Medical Group, Brookings

Occupation

MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 11 / 2014

Transaction ID : C2645907

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Carrie A Horwitch MD FACP**

Mailing Address 2304 Hughes Ave SW

City

Seattle

State

WA

Zip Code

98116-1836

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VMMC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 19 / 2014

Transaction ID : C2650344

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

A. Richard Allen Hranac MD FACP

Mailing Address 3219 Central Avenue  
 PO Box 550

City State Zip Code  
 Kearney NE 68848-0550

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Platte Valley Medical Group PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 02 / 2014

Transaction ID : C2637850

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Roger S Khetan MD FACP

Mailing Address 2817 Dyer St

City State Zip Code  
 Dallas TX 75205-1905

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Health Texas Provider Network

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 11 / 2014

Transaction ID : C2645898

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Daniel B Kimball Jr, MD FAC

Mailing Address 14 Gaelsong Ln

City State Zip Code  
 Wyomissing PA 19610-3120

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Retired

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 11 / 2014

Transaction ID : C2645889

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2500.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

**A. Cory Scott Krueger MD FACP**

Mailing Address 758 E Cottontail Run

City

Cottonwood

State

AZ

Zip Code

86326-7072

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 26 / 2014

Transaction ID : C2650517

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Paula J Lafranconi MD FACP**

Mailing Address 7569 Kings Mills Rd

City

Maineville

State

OH

Zip Code

45039-9786

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TriHealth

Occupation

MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 16 / 2014

Transaction ID : C2647366

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Robert M McLean MD FACP**

Mailing Address 181 Rimmon Rd

City

Woodbridge

State

CT

Zip Code

06525-1918

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Connecticut Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 22 / 2014

Transaction ID : C2649849

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

**A. George Wibur Meyer MD FACP**

Mailing Address 9040 Windcove Ct

City

Fair Oaks

State

CA

Zip Code

95628-8163

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kaiser

Occupation

MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 25 / 2014

Transaction ID : C2650410

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mary M Newman MD MACP**

Mailing Address 319 Tunbridge Rd

City

Baltimore

State

MD

Zip Code

21212-3802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Park Medical Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 13 / 2014

Transaction ID : C2646665

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Kenneth E Olive MD FACP**

Mailing Address 20 Foxxborough Ln

City

Johnson City

State

TN

Zip Code

37604-7660

FEC ID number of contributing  
federal political committee.

C

Name of Employer

East Tenn State Univ

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2014

Transaction ID : C2658565

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1150.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 21

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

<b>A. David N Podell MD PhD MAC</b> Full Name (Last, First, Middle Initial) Mailing Address 110 Maplevale Dr City Woodbridge State CT Zip Code 06525-1100 FEC ID number of contributing federal political committee. C Name of Employer Alliance Medical Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 02 / 26 / 2014 <b>Transaction ID : C2650520</b> Amount of Each Receipt this Period 250.00	
<b>B. Thomas E Ryan MD</b> Full Name (Last, First, Middle Initial) Mailing Address 9 Lake Forest Dr City Saint Louis State MO Zip Code 63117-1304 FEC ID number of contributing federal political committee. C Name of Employer Hematology - Oncology Consultants Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 02 / 26 / 2014 <b>Transaction ID : C2650521</b> Amount of Each Receipt this Period 250.00	
<b>C. Patricia E Sadler MD FACP</b> Full Name (Last, First, Middle Initial) Mailing Address 203 E Walnut St City Clinton State SC Zip Code 29325-2848 FEC ID number of contributing federal political committee. C Name of Employer Hospice of Laurens County Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y 02 / 23 / 2014 <b>Transaction ID : C2649873</b> Amount of Each Receipt this Period 200.00	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			700.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶				



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

**A. Richard J Seitz MD FACP**

Mailing Address 1705 Laguna Dr

City

Fremont

State

NE

Zip Code

68025-9783

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fremont Medical Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 25 / 2014

Transaction ID : C2650390

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Edward A Stehlik MD MACP**

Mailing Address 78 Devonshire Rd

City

Buffalo

State

NY

Zip Code

14223-1915

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northtowns Medical Group

Occupation

Internist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 11 / 2014

Transaction ID : C2645900

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Banu E Symington MD FACP**

Mailing Address 2497 Pole Line Rd E

City

Twin Falls

State

ID

Zip Code

83301-8166

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SLHS

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 25 / 2014

Transaction ID : C2650409

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

**A. Michael Thomas Vest MC USA FAC**

Mailing Address 13 Wineberry Dr

City

Hockessin

State

DE

Zip Code

19707-2124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Christian Care

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 25 / 2014

Transaction ID : C2650421

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Steven J Walerstein MD FACP**

Mailing Address PO Box 2

2201 Hempstead Turnpike

City

East Meadow

State

NY

Zip Code

11554-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NuHealth

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 11 / 2014

Transaction ID : C2645878

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Joseph J Weiss MD FACP**

Mailing Address 18829 Farmington Rd

City

Livonia

State

MI

Zip Code

48152-3262

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 11 / 2014

Transaction ID : C2645905

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

## **A. Marguerite G Wuebker MD FACP**

Mailing Address 14632 Windsor Ct

City

Addison

State

TX

Zip Code

75001-7974

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2014

Transaction ID : C2637095

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Thomas R Yackel MD FACP**

Mailing Address 15880 Oswego Shore Ct

City

Lake Oswego

State

OR

Zip Code

97034-3604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oregon Health & Science Univ

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 13 / 2014

Transaction ID : C2646670

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

500.00

**TOTAL** This Period (last page this line number only)..... ►

20275.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 21

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Merchant service fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02      28      2014

Transaction ID : D155510

Amount of Each Disbursement this Period

123.07

Full Name (Last, First, Middle Initial)

**B. Bank of America Merchant Services**Mailing Address PO Box 2485  
WA2-505-01-40

City Spokane      State WA      Zip Code 99210-2485

Purpose of Disbursement  
Merchant service fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02      03      2014

Transaction ID : D155491

Amount of Each Disbursement this Period

867.40

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City      State      Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

990.47

990.47

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American College of Physician Services Inc PAC; aka ACP Services PAC

2500.00

State: VA District: 08

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

2500.00

2500.00